



# City of Lodi GrapeLine Discount Fare ID Card Application

ALL INFORMATION WILL BE KEPT STRICTLY CONFIDENTIAL

## Section 1 Personal Information

Date:		Date of Birth:	
Last Name:	First Name:		Mr. Mrs. Ms.
Mailing Address:		City:	Zip:
Phone Number:		E-mail Address:	
<input type="checkbox"/> Yes, I'd like to receive occasional e-mails about important service information, news, and schedule changes.			

**If someone other than the applicant is completing this application, please fill out the following:**

Last Name:	First Name:		Mr. Mrs. Ms.
Address:		City:	Zip:
Phone Number:		Agency:	

## Section 2 Type of Discount Fare ID Card Requested *(Please check one of the following):*

☐ **Senior (ages 60 and older)**  
 Provide a **copy** of one of the forms of evidence below and complete Section 3 (your evidence will be shredded after processing):

- Current SSI Award Letter
- Valid state ID
- Birth certificate
- Driver's license
- Passport

☐ **People with Disabilities:** Federal regulations define disabled in 49 CFR § 609.3 as:

*"...those individuals who, by reason of illness, injury, age, congenital malfunction, or other permanent or temporary incapacity or disability, including those who are non-ambulatory wheelchair-bound and those with semi-ambulatory capabilities, are unable without special facilities or special planning or design to utilize mass transportation facilities and services as effectively as persons who are not so affected."*

Provide photo ID and a **copy** of the following as proof of your disability, and complete Section 3 (your evidence will be shredded after processing):

- Current SSI/SSDI award Letter
- Valid CA DMV placard receipt showing expiration date (please do not send copy of placard itself)
- Dept. of VA Service Connected ID
- Certification Form for People with Disabilities (Complete Section 4 and 5)

## Section 3

I declare under penalty of perjury under the laws of the State of California that the information I have given is true and correct.

X \_\_\_\_\_  
 Signature of Applicant Date

X \_\_\_\_\_  
 Or Signature of Personal Representative (if applicable) Date

**You have completed your application.**

**Please submit this application and supporting documents by mail to:**

City of Lodi GrapeLine  
 PO Box 3006  
 Lodi CA 95241-1910

**Questions? Call (209) 333-6706**

### City of Lodi Use Only

Form of evidence accepted: \_\_\_\_\_  
 Evidence received, certified and approved. Confidential evidence shredded by Staff.  
 Staff: \_\_\_\_\_ Date: \_\_\_\_\_ ID Number: \_\_\_\_\_

# Certification Form for People with Disabilities

(Only complete if you do not have another proof of disability, as listed in Section 2)



## Section 4 Applicant Authorization

Applicant's Name: \_\_\_\_\_

Applicant's Date of Birth: \_\_\_\_\_

I hereby authorize the person listed in Section 5 of this application to release to the City of Lodi GrapeLine medical or other pertinent information about my disability. The information released will be solely used to determine my eligibility for this Disabled Discount Fare Card. I understand that if the application is not complete it will be returned.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## Section 5 Medical Professional Verification

The above named individual is applying for a City of Lodi GrapeLine Disabled Discount Fare Card. The City of Lodi offers a 50% discount for disabled persons based on federal regulations as defined in 49 CFR § 609.3:

*"...those individuals who, by reason of illness, injury, age, congenital malfunction, or other permanent or temporary incapacity or disability, including those who are non-ambulatory wheelchair-bound and those with semi-ambulatory capabilities, are unable without special facilities or special planning or design to utilize mass transportation facilities and services as effectively as persons who are not so affected."*

**To process this request, please provide the following information:**

**Medical diagnosis of disability. Please type or print clearly and do not use medical abbreviations:**

\_\_\_\_\_  
\_\_\_\_\_

**How does this disability affect applicant's ability to utilize mass transportation?**

\_\_\_\_\_  
\_\_\_\_\_

☐ **Permanent:** conditions with absolutely no expectation of improvement

☐ **Temporary:** expected duration from \_\_\_\_\_ to \_\_\_\_\_

Does the applicant use a mobility aid?

☐ Yes ☐ No

If yes, what type?

Manual Wheelchair \_\_\_\_\_ Power Wheelchair \_\_\_\_\_ Power Scooter \_\_\_\_\_ Walker \_\_\_\_\_

Cane \_\_\_\_\_ Crutches \_\_\_\_\_ Service Animal \_\_\_\_\_

I certify that \_\_\_\_\_ meets the eligibility criteria as transportation disabled.  
I declare under penalty of perjury under the laws of the State of California that the information I have given is true and correct. **If this application is not complete, it will be denied.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Printed Name: \_\_\_\_\_ License #: \_\_\_\_\_

Organization: \_\_\_\_\_ Phone #: \_\_\_\_\_

Organization Address: \_\_\_\_\_